# \*\*\*

# Children's Special Health Internal Policy/Statement Developmental Delay/Mental Retardation

### Description

Significant developmental delay is characterized by performance 2 standard deviations below the mean performance in any one category on Denver Developmental Scale. Global Developmental Delay is having performance 2 standard deviations below the mean performance level in more than two categories of gross/fine motor, speech cognition, social/personal, and activities for daily living. This category is usually reserved for children less than 5 years old; the term 'mental retardation' is applied to older children, when mental retardation is quantifiable with IQ testing in addition to performance levels in the areas mentioned above. A child under the age of 18 must have an IQ  $\leq$  75 and deficits in at least 2 of the adaptive behavior domains indicated in the definition to obtain a diagnosis of mental retardation.

### Diagnostic Criteria

- Genetic testing (i.e. metabolic, cytogenetic, FISH, molecular techniques)
- Thyroid screening
- Vision and hearing sensory screenings
- The Differential Ability Scales (DAS)
- Weschsler Preschool and Primary Scale of Intelligence-Revised (WPPSI-R)
- Wechsler Intelligence Scale for Children-III (WISC-III)
- Wechsler Adult Intelligence Scale (WAIS-R)
- Stanford-Binet: Fourth Edition (SB:FE)

# **CSH Coverage**

- Only **providers** listed on the Eligibility Letter will be paid
- Labs/Tests must be performed by a Wyoming Medicaid provider
- Well Child Checks (coverage limited to Pediatrician) according to AAP Periodicity Schedule
- Medications
  - None
- Equipment/Supplies
  - None

Contact CSH for questions regarding additional medication and/or equipment/supplies

# **Minimum Standards of Care/Care Coordination**

# Refer to Care Coordination Manual, Ch. 3, Pg. 8, Child and Family Assessment

- Perform **Nursing Assessment** with detailed focus on the following:
  - Complete developmental assessment (i.e. behavior, neurological, social)
  - Nutrition and eating patterns
  - Exercise and physical activity
  - Current medications/any side effects or reactions
  - Known food and/or drug allergies
  - Height and weight, plot on growth curve
- Encourage testing as recommended by the American Academy of Pediatrics. (AAP)
- School performance and behavior
- Encourage family and child to live as "normal and active" life as possible

**Contact CSH if family is Non-Compliant** (i.e. repeated missed appointments, failure to follow healthcare plan)

• **Referrals** that may be recommended (CSH prefers Pediatric Specialist, if possible)

### Visits to Providers may be limited due to budget

- Developmental Specialist
- Geneticist
- Neurologist
- Neuropsychologist
- Mental Health
- Link the child and family with appropriate and needed services

### Specialists may or may not be covered by CSH Program

### • Well Child Checks

- Immunizations (including vaccinations)
- Assess and follow-up any abnormal findings
- Dental
- Vision
- Hearing

# • Emergency Preparedness Plan

- Medic Alert ID bracelet / necklace should be encouraged
- Medical Emergency Plan of what to do for the child's care when away from home or with a different caregiver (i.e. impaired cognitive ability, lack of ability to communicate effectively)
- Discuss self-management of the disease
- Encourage the family to speak with the child's school in regards to the school's policy on Developmental Delay/Mental Retardation and emergency plan (i.e. therapies that are addressed to maintain or increase skills)

### Health Record

- Encourage family to maintain a record of the child's health information ("Packaging Wisdom" as a suggestion) that includes:
  - Medication administration
    - Type
    - Dosage/Frequency, any side effects or response to medication
  - Developmental milestones
  - List of providers and contact information, if available

### • Transition

### Refer to the Care Coordination Manual, Ch. 3, Pg. 10, Coordinating Care

- Discuss with the family if the child is eligible for an IFSP, IEP, or qualify for Section 504 according to the American Disability Act (ADA)
- Transitional issues to discuss with client and family:
  - Social Security Supplemental Income (SSI)
  - Social Security Disability Insurance (SSDI)
  - Legal issues such as:
    - Guardianship, Power of Attorney, Conservatory
  - Vocational Rehabilitation
  - Adult residential/community support services
  - Long-term care